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THE UNITED STATES PATENT AND TRADEMARK OFFICE, $N_{O_{Q_{Q_{i}}}}$

atent Application of

CSABA TRUCKAI, et al.

Application No. 09/103,072

Filed: June 23, 1998

For: MOISTURE TRANSPORT SYSTEM

FOR CONTACT

ELECTROCOAGULATION

Group Art Unit: 3763

Examiner: LAM, A

RESPONSE TO OFFICE ACTION

121 Spear Street, Suite 290 San Francisco, CA 94105 (415) 512-1312

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope, addressed to: Commissioner for Patents, Washington, DC 20231 on February 28, 2002.

, STALLMAN & POLLOCK LLP

Dated: 2/26/02 By:_

Commissioner for Patents Washington, DC 20231

Sir:

Applicant makes the following amendments and remarks in response to the Official Action mailed August 29, 2001.

In the Claims

Please cancel Claims 17, 24, 31 and 84-108 without prejudice.

REMARKS

I. Cancellation of Claims 17, 24, 31 and 84-108

Claims 5-7, 15 and 34-83 were allowed in the Official Action mailed August 29, 2001. In view of the cancellation of Claims 17, 24, 31 and 84-108, only allowed claims remain in the case. Since only allowed claims remain in the case, Applicants respectfully request issuance of a Notice of Allowance.



In re Patent Application of: CSABA TRUCKAI ET AL.

STALLMAN & POLLOCK LLP 121 Spear Street, Suite 290 San Francisco, CA 94105 (415) 512-1312



Application No.: 09/103,072

Filed: June 23, 1998

For:

MOISTURE TRANSPORT SYSTEM FOR CONTACT ELECTROCOAGULATION

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmittal herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	54	MINUS	82	0	x \$18 =	\$0
INDEP.	4	MINUS	7	0	x \$84 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS					+ \$280	\$0
					TOTAL	\$0

Small Entity 50% Filing Fee Reduction (if applicable)

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)
- No additional fee is required. 1.
- 2. \boxtimes Applicant(s) hereby petition(s) for a four-month extension of time in which to file the present response and enclose(s) herewith the necessary fee to accompany this petition. A check in the amount of \$900.00 is attached (\$720.00 - 4-month extension fee; \$180 - Information Disclosure Statement fee).
- \boxtimes Please charge any additional fees, including any fees necessary for extensions of time or credit 3. overpayment to Deposit Account No. 50-1703, under Order No. ENVS-220. A duplicate copy of this sheet is enclosed.

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STALLMAN & POLLOCK LLP

Kathleen A. Frost

Attorneys for Applicant(s)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on February 29, 2002.

Dated: February 25, 2002